

DEPARTMENT OF INSURANCE  
STATE OF DELAWARE  
841 SILVER LAKE BOULEVARD  
DOVER, DE 19904

HOME STATE QUESTIONNAIRE

TO THE STATE OF: \_\_\_\_\_

RE: \_\_\_\_\_  
(NAME OF COMPANY)

\_\_\_\_\_  
(STREET AND/OR BOX NUMBER)

\_\_\_\_\_  
(CITY, STATE & ZIP)

The above referenced company has applied for a Certificate of Authority in Delaware. Your assistance in answering the following questions would be appreciated and beneficial to our review of the application.

1. Date company was licensed in your State: \_\_\_\_\_.
2. Has there been any disciplinary action taken against the company by your Department? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please attach an explanation.
3. Last financial examination conducted on the company was for the period ending \_\_\_\_\_. If known, the next scheduled financial examination will be for the period ending \_\_\_\_\_, and will commence on \_\_\_\_\_.
4. Is the company required to file monthly or quarterly financial statements. Yes \_\_\_\_\_ No \_\_\_\_\_.
5. Is the company affiliated directly or indirectly through ownership, control, reinsurance transactions or other insurance or business relations, with any person whose business operations have been detrimental to the policyholders, stockholders, investors or to the public? Yes \_\_\_\_\_ No \_\_\_\_\_.
6. Has the company experienced a change in management and/or ownership during the last 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_.

HOME STATE QUESTIONNAIRE  
PAGE 2

7. In your opinion, is the company management competent and trustworthy?  
Yes \_\_\_\_\_ No \_\_\_\_\_.
8. Have a significant number of complaints against the company been received by your Department? Yes \_\_\_\_\_ No \_\_\_\_\_. • If yes, please attach an explanation.
9. What has been your experience with the company in connection with the settlement of claims?  
Good \_\_\_\_\_ Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_.  
If unsatisfactory, please attach an explanation.
10. Is any aspect of the company's operation currently being investigated by your Department? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please attach an explanation.
11. Has the license of the company ever been suspended or revoked in your State? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please attach an explanation.

COMPLETED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE RETURN TO:

Donna M. Wysopal  
Admissions Coordinator  
Delaware Insurance Department  
841 Silver Lake Blvd.  
Dover, DE 19904  
Phone: (302) 739-4251 ext. 169